

# REPORT COVERING:

## REPORT COVERING:

☐ JANUARY 1 through JUNE 30, \_\_\_\_\_ - DUE BY AUGUST 15

☒ JANUARY 1 through DECEMBER 31, 2004 - DUE BY FEBRUARY 15

1. Name: GRAHAM CLEMONS RA  
MEGAN CLEFFELL PRIVATE EQUITY LIMITED  
 Last First MI

2. Business Address: 23 GREAT WINDMISTON STREET, LONDON E14 7JF  
 Street and No City State Zip UK

Mailing Address: \_\_\_\_\_

3. Business Phone: 0207 241 4300  
 Area Code and Telephone Number

4. Employer: MIDDLEMAN UK ADVISOR LLP

5. Employer's address: 3RD FLOOR, 1 PATISTON STREET, LONDON UK SW1X 7AP  
 Street and No City State Zip

6. Did you make an expenditure exceeding \$50 on one occasion for a retirement system official:

From January 1 through June 30? Yes ☐ No ☒  
 From July 1 through December 31? Yes ☐ No ☒ NA ☐

If the answer to either question in Number 6 above is YES, complete Schedule A and attach.

7. Did you make expenditures exceeding the sum of \$250 for a retirement system official:

From January 1 through June 30? Yes ☐ No ☒  
 From July 1 through December 31? Yes ☐ No ☒ NA ☐

If the answer to either question in Number 7 above is YES, complete Schedule A and attach.

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 Postmark Date: \_\_\_\_\_

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ETHICS ADMINISTRATION  
 CAMPAIGN FINANCE  
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8. PROVIDE BELOW (a) the name of the state or statewide public retirement system; (b) the aggregate total of all expenditures attributable to the retirement system made during the January 1 - June 30 reporting period; (c) the aggregate total of all expenditures attributable to the retirement system made during the July 1 - December 31 reporting period when applicable; (d) the aggregate total of all expenditures made in a calendar year attributable to the retirement system.

1) a. Name of Retirement System: TEACHERS RETIREMENT SYSTEM OF LOUISIANA

b. Total of all expenditures made January 1 through June 30: \$ NIL

c. Total of all expenditures made July 1 through December 31: \$ NIL  
(When applicable)

d. Total of all expenditures made during the calendar year: \$ NIL

2) a. Name of Retirement System: \_\_\_\_\_

b. Total of all expenditures made January 1 through June 30: \$ \_\_\_\_\_

c. Total of all expenditures made July 1 through December 31: \$ \_\_\_\_\_  
(When applicable)

d. Total of all expenditures made during the calendar year: \$ \_\_\_\_\_

3) a. Name of Retirement System: \_\_\_\_\_

b. Total of all expenditures made January 1 through June 30: \$ \_\_\_\_\_

c. Total of all expenditures made July 1 through December 31: \$ \_\_\_\_\_  
(When applicable)

d. Total of all expenditures made during the calendar year: \$ \_\_\_\_\_

#### CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; that all reportable expenditures have been included herein; and that no information required by LSA-R.S. 42:1114.2 has been deliberately omitted.

  
\_\_\_\_\_  
Signature of Filer

JANET MARY DUNLOP  
DIRECTOR

MARGAN GREENFIELD  
PRIVATE SECRETARY

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